1	2	3	4	5	6
3.	Bangalore	3860	4890	5090	5599
4.	Bhopal	17420	7430	5430	5973
5.	Chandigarh	880	9580	5110	5621
6.	Chennai	6420	6050	6850	7535
7.	Delhi	6200	9540	9200	10120
8.	Guwahati	8780	6880	6360	6996
9.	Hyderabad	16340	10470	11970	13167
10.	Jabalpur	4200	4870	4590	5049
11.	Jaipur	5680	6480	6580	7238
12.	Kanpur	5530	5710	5630	6193
13.	Kolkata	4200	4270	4790	5269
14.	Lucknow	5820	7300	6930	7623
15.	Meerut	7410	8870	7320	8052
16.	Mumbai	3750	4930	5460	6006
17.	Nagpur	5870	7420	7120	7832
18.	Patna	5750	5230	6590	7249
19.	Pune	6390	5060	5180	5698
20.	Shillong	0	8980	5070	5577
21.	Trivandrum	8120	8040	6800	7480
22.	Bhubaneshwar	6160	9500	9510	10461
23.	Ranchi	6160	9500	9430	10373

Population explosion

2337. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that there is population explosion in the country;

(b) whether the National Population Policy-2002 is being implemented seriously taking into consideration that the population problem is co-related with the problems of food security, employment and poverty; and

(c) if so, what steps would be taken to stabilize the population in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Government is aware about the growth of population in the country, however the decadal data available from the census figures has shown a perceptible decline in average exponential growth from 2.20% in 1971 to 1.93% in 2001. Also the crude birth rate, which was recorded at 40.8 per 1000 in 1951, has declined to 23.1 in 2007, as per the estimates available from the Sample Registration System (SRS).

(b) and (c) Yes. The National Population Policy, 2000 provides a policy framework for advancing goals and prioritising strategies to meet the reproductive and child health needs of the people and to achieve net replacement level *i.e.* Total Fertility Rate (TFR) of 2.1 by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services with Government, industry and the voluntary non-Government sector, working in partnership.

Efforts on Population stabilization very much requires strengthening of the primary health care system as there is a very strong correlation between health indicators like Maternal Mortality Rate and Infant Mortality Rate to the population stabilization. As such In line with the National Population Policy, 2000 Government has launched the National Rural Health Mission (NRHM) on 12th April, 2005 throughout the country to address the strengthening of primary health care system. NRHM provides a thrust for reduction of child and maternal mortality and further reduces the fertility rates.

The approach to population stabilization under NRHM is through providing quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for these services which includes delivery, safe abortions, treatment of reproductive tract infections and Family Planning Services while ensuring full reproductive choices to women. The strategy also is to promote male participation in Family Planning.

The new initiative of NRHM of Community Health Workers (ASHAs) in every village has positively contributed towards households seeking health and family planning services and also has strengthened the public awareness campaign for family planning services. The strategy also is to promote male participation in Family Planning. There has been an improvement in family planning performance with the implementation of NRHM with particular focus on the following:—

(i) **National Family Planning Insurance Scheme** has been started since November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

(ii) **Compensation Package for Sterilization was increased** in September, 2007 in family planning *i.e.* in Vasectomy from Rs. 800/- to Rs. 1500/- and tubectomy from Rs. 800/- to Rs. 1000/- in public facilities and to a uniform amount of Rs. 1500/- in accredited private health facilities for all categories in all States for vasectomy.

(iii) **Promoting IUD 380A** intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.

(iv) **Fixed day Fixed Place Family Planning Services round the year** made possible on account of growing number of 24 × 7 PHCs and better functioning CHCs and other health facilities under NRHM.

(v) **Increasing the basket of choice** by systematically and carefully introducing new and effective contraceptives in the programme. The outreach activities through the institution of ASHAs and Monthly Health and Nutrition Days under NRHM have also helped.

Shortage of health centres

•2338. SHRI BHAGAT SINGH KOSHYARI:
SHRI PRABHAT JHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is a shortage of health centres on a large scale in the country;

(b) if so, the details thereof;

(c) the difficulties being faced in smooth implementation of National Rural Health Mission; and

(d) the steps taken so far and being taken further by Government to remove these difficulties?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The primary health care services are being provided in the rural areas across the nation through a network of 145272 Sub Centres [SCs], 22370 Primary Health Centres [PHCs] and 4045 Community Health Centres [CHCs] as on March, 2007. In many states the growth of these centres has not kept pace with the increase in population. As per the Rural Health Statistics (RHS) Bulletin of 2007, there is shortage of 20855 SCs, 4833 PHCs and 2525 CHCs. Under the National Rural Health Mission (NRHM), these shortages are being addressed as part of the overall, comprehensive rejuvenation of the Public health delivery system being undertaken by the Government in partnership with the States.

(c) The key difficulties being faced in smooth implementation of NRHM include the shortage of skilled human resources, shortage of public health infrastructure, lack of management capacities in health sector and lack of community ownership of public health system.

(d) In order to remove difficulties, States have undertaken:—

(i) comprehensive rationalization of human resources (HR) policies to optimize utilisation of available HR, innovative strategies including contractual appointments, multi-skilling, trainings, pooling of doctors *etc.* to ensure availability of critical skills at all levels.

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†Original notice of the question was received in Hindi.